

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://aq.ca.gov/charities/>

REGISTRATION/RENEWAL FEE REPORT**TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

IRS FORM 990 EXTENSIONS WILL BE HONORED. PLEASE SUBMIT WITH RRF-1 ALL IRS EXTENSION REQUESTS AND, WHERE APPLICABLE, IRS EXTENSION APPROVALS.

State Charity Registration Number 2362

Travelers Aid Society of Sacramento, Inc.

Name of Organization

2251 Florin Road

Address (Number and Street)

Sacramento, CA 95822

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 194887

Federal Employer I.D. No. 94-1167423

PART A - ACTIVITIES

Yes No

1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?

Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.

2. For your most recent full accounting period (beginning 7/1/2004 ending 6/30/2005) list:

Gross receipts \$ 581,247 Total assets \$ 273,191

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser.		X

Organization's area code and telephone number (916) 399-9646

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Elmer F. Tillson Elmer F. Tillson Executive Director 5/10/06
Signature of authorized officer Printed Name Title Date